

## **Colon Cancer Screening in Average Risk Patients Referral Guideline**

### **Diagnosis/Definition**

- All patients > 50 yrs that have NONE of the following risk factors: positive occult blood or frank bleeding, iron deficiency anemia, history of colonic adenomas, family history of colon cancer, ulcerative colitis, or history of colon cancer (see individual referral guidelines for each of those).

### **Initial Diagnosis and Management**

- History. Occult blood annually ONLY if the patient does not wish colonoscopy initially. (NOTE: Should not be done in the course of a rectal (digital) exam if looking for truly occult blood).
- The Primary care provider *must* discuss with the patient that the gastroenterology department at BAMC is currently only offering colonoscopy as an endoscopic option.
- Patients who wish colorectal cancer screening but *do not* elect colonoscopy should undergo annual FOBT and ACBE and do not require GI consultation.

### **Ongoing Management and Objectives**

- Yearly hemoccult (x 3) after age 50 ONLY if no colonoscopy is performed.
- After a normal colonoscopy, NO screening is needed for 5-10 years.
- The BAMC colonoscopy report will indicate the appropriate surveillance interval for a repeat colonoscopy.
- NO hemoccults are needed between colonoscopies in patients undergoing polyp surveillance.

### **Indications for Specialty Care Referral**

- Patients over age 50 without risk factors that elect colonoscopy as a screening option, the request should indicate "average risk screening colonoscopy"
- If any of risk factors defined above are present, please indicate them on the consult request and refer the patient for a full GI consultation.

### **Criteria for Return to Primary Care**

- Completion of colonoscopy with appropriate interval indicated for surveillance colonoscopy.